## FORM D éeç Mail Processing Section

AUG 142008

Washington, DC

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

## FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

144	3/67
OMB APP	TOVAL /
OMB Number:	3235-0076
Expires:	
Estimated avera	ge burden
hours per respor	rse16.00

SEC USE ONLY DATE RECEIVED

	Name of Offering ( check if this is an amendment and name has changed, and indicate change.)		
	Kanantik Properties, Inc.  Filing Under (Check box(es) that apply): ☐ Rule 504 ☐ Rule 505 ☑ Rule 506 ☐ Section 4(6)  Type of Filing: ☑ New Filing ☐ Amendment	□ ULOE PROC	CESSED
		AUG S	<del>2-1-2008</del>
	A. BASIC IDENTIFICATION DATA	<del></del>	
	1. Enter the information requested about the issuer	<b>THOMSO</b>	N RELITERS
	Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)		
	Kanantik Properties, Inc.		
Y	Address of Executive Offices 190 Bed for all (Number and Street, City, State, Zip Code)  331 Graham Ave. Suite 103, Brookly, NY, 11211 Suite 133, Brooklyn NYA	Telephone Number (Includin (347) <del>546-7371-</del> 73 4-	
	Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Includi	ng Area Code)
	Brief Description of Business	·	<del></del>
	Kanantik Properties, Inc. is a management firm established to purchase a resort in Belize, So	outh America.	
	Type of Business Organization  corporation   limited partnership, already formed   other (pl	olease specify):	
	Actual or Estimated Date of Incorporation or Organization: Month Year  Actual or Estimated Date of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:  CN for Canada; FN for other foreign jurisdiction)		
	GENERAL INSTRUCTIONS		
	Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or 77d(6).	or Section 4(6), 17 CFR 230.501	et seq. or 15 U.S.C.
	When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering, and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given be which it is due, on the date it was mailed by United States registered or certified mail to that address.		
	Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 205	549.	
	Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually photocopies of the manually signed copy or bear typed or printed signatures.	y signed. Any copies not manua	dly signed must be
	Information Required: A new filing must contain all information requested. Amendments need only report thereto, the information requested in Part C, and any material changes from the information previously supplied.		

State:

not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION .

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a lederal notice.

2. Enter the information req		A. BASIC IDE	NTIFICATION DATA							
	uested for the fol	llowing:								
<ul> <li>Each promoter of the</li> </ul>	Each promoter of the issuer, if the issuer has been organized within the past five years;									
Each beneficial own	Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer.									
Each executive offic	er and director o	f corporate issuers and of o	corporate general and man	aging partners of	partnership issuers; and					
Each general and ma	anaging partner o	of partnership issuers.								
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner					
Full Name (Last name first, if	individual)		<del></del>							
Mihalovits, Donna										
Business or Residence Address			ide)		- Brookly					
331 Graham Ave. Suite 10	03, Brookly, N	1 <del>, 11211</del> 190	Bedford	Ceve.	Such 133 112					
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner					
Full Name (Last name first, if N/A	individual)	*								
Business or Residence Addres	s (Number and	Street, City, State, Zip Co	ode)							
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner					
Full Name (Last name first, if N/A	individual)	<u> </u>								
Business or Residence Addres	s (Number and	Street, City, State, Zip Co	ode)							
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner					
Full Name (Last name first, if	f individual)									
Business or Residence Addres	ss (Number and	Street, City, State, Zip Co	ode)							
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner					
		Beneficial Owner	Executive Officer	Director	<b>—</b>					
Full Name (Last name first, if N/A	f individual)	Beneficial Owner		Director	<b>—</b>					
Full Name (Last name first, if N/A Business or Residence Addres	f individual)			Director  Director	<b>—</b>					
Full Name (Last name first, if N/A  Business or Residence Address  Check Box(es) that Apply:	f individual)  ss (Number and	d Street, City, State, Zip Co	ode)		Managing Partner					
Full Name (Last name first, if N/A  Business or Residence Addres  Check Box(es) that Apply:  Full Name (Last name first, if N/A	f individual)  ss (Number and Promoter f individual)	d Street, City, State, Zip Co	ode)  Executive Officer		Managing Partner					
Full Name (Last name first, if N/A  Business or Residence Addres  Check Box(es) that Apply:  Full Name (Last name first, if	f individual)  ss (Number and Promoter f individual)	d Street, City, State, Zip Co	ode)  Executive Officer		Managing Partner					

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B. INFORMATION ABOUT OFFERING													
Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?									******	Yes	No <b>⊠</b>		
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this othering.  Answer also in Appendix, Column 2, if filing under ULOE.										_	<del></del>		
2. What is the minimum investment that will be accepted from any individual?									\$_1,000,000.00				
										Yes <b>⊠</b>	No □		
Λ	<ol> <li>Does the offering permit joint ownership of a single unit?</li> <li>Enter the information requested for each person who has been or will be paid or given, directly or indirectly, an</li> </ol>								rectly, any		L.		
commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a stat or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of suc a broker or dealer, you may set forth the information for that broker or dealer only.									e onering. vith a state				
Full Name (Last name first, if individual)								· -					
N/A Business or Residence Address (Number and Street, City, State, Zip Code)													
					<u></u> .		<u>-</u>			<del></del>			<u> </u>
Nam	e of Asso	ciated Bro	oker or Dea	ier									···.
			Listed Has										Centar
	(Check "	All States	" or check i	ndividual	States)					***************		All	States
	AL	AK	AZ	AR	CA	CO	CT	DE	DC)	FL MI	GA	HI MS	ID MO
	TL MT	NE NE	IA) NV	KS NH	KY NJ	LA NM	ME NY	MD NC	MA ND	OH)	MN OK	OR.	PA
	RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR
Full N/A	-	ast name i	first, if indi	vidual)				<u> </u>		···-		<u>.                                    </u>	
		Residence	Address (N	lumber and	d Street, C	ity, State, 2	Zip Code)						
Nan	ne of Ass	ociated Br	oker or Dea	nler	<u></u>		<del></del>	<del> </del>		<del></del>			
Stat			Listed Has										
	(Check	'All States	" or check	individual	States)	**********		***************************************	*************	***************************************		Ū∕AI	l States
	AL	AK	AZ	AR	CA	co	CT	DE	DC	FL	GA	H	ID
	IL.	ĪN	IA	KS	KY)	LA NM	ME NY	MD NC	MA ND	MI OH	MN OK	MS OR	MO PA
	MT RI	NE SC	NV SD	NH TN	TX	UT	VT	VA	WA	$\frac{\overline{\mathbf{w}}}{\mathbf{v}}$	WI	WY	PR
Ful N/A		ast name	first, if indi	ividual)		···	<del></del>	_ <u>_</u>	<u> </u>		<del></del>		<del></del>
		Residence	Address (1	Number an	d Street, C	ity, State,	Zip Code)			·			
Nai	Name of Associated Broker or Dealer												
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers													
(Check "All States" or check individual States)									. 🔼 Al	i States			
	ĀL	AK	ΑŽ	ĀR	ĈA	<u>co</u>	CT	DE	DC	FL	GA	HI	ID
	Ī	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN OK	MS OR	MO PA
	MT RI	NE SC	NV SD	NH TN	NJ TX	NM UT	NY] VT]	NC VA	WA	OH ₩V	WI	WY	PR

Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Aggregate Amount Already Offering Price Sold Type of Security Debt ......\$ Common Preferred Convertible Securities (including warrants)...... Answer also in Appendix, Column 3, if filing under ULOE. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Aggregate Dollar Amount Number of Purchases Investors \$ 0.00 Accredited Investors \$ 0.00 Non-accredited Investors ...... 0 \$ 0.00 Total (for filings under Rule 504 only) ...... 0 Answer also in Appendix, Column 4, if filing under ULOE. 3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. Type of Dollar Amount Sold Security Type of Offering Rule 505 ..... Regulation A ..... Rule 504 ..... \$ 0.00 a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees ..... Printing and Engraving Costs..... 25,000.00 Legal Fees Accounting Fees 50,000.00 Engineering Fees ..... \$ 1,000,000.00 Sales Commissions (specify finders' fees separately)..... \_\_\_\_\_\_ Other Expenses (identify) 1,075,000.00 Total .....

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

	C. OFFERING PRICE, NUM	BER OF INVESTORS, EXPENSES AND USE OF P	ROCEEDS	100
	b. Enter the difference between the aggregate offer and total expenses furnished in response to Part C — proceeds to the issuer."	Question 4.a. This difference is the "adjusted gross		\$13,925,000.00
5.	Indicate below the amount of the adjusted gross pro each of the purposes shown. If the amount for an check the box to the left of the estimate. The total of proceeds to the issuer set forth in response to Part	y purpose is not known, furnish an estimate and fthe payments listed must equal the adjusted gross		
			Payments to Officers. Directors, & Affiliates	Payments to Others
	Salaries and fees		\$ 200,000.00	s
	Purchase of real estate			\$ 8400000
	Purchase, rental or leasing and installation of mac and equipment	chinery		
	Construction or leasing of plant buildings and fac			
	Acquisition of other businesses (including the val offering that may be used in exchange for the asso issuer pursuant to a merger)	tue of securities involved in this ets or securities of another		s
	Repayment of indebtedness		□ <b>s</b>	
	Working capital			
	Other (specify): Casino License		□ <b>s</b>	<b>∑</b> \$_200,000.00
				s
	Column Totals			
	Total Payments Listed (column totals added)	40 005 000 00		
Γ		D. FEDERAL SIGNATURE	· · · · · · · · · · · · · · · · · · ·	-
ein	e issuer has duly caused this notice to be signed by the mature constitutes an undertaking by the issuer to fu information furnished by the issuer to any non-acc	mish to the U.S. Securities and Exchange Commi	ssion, upon writte	le 505, the following n request of its staff
Iss	tuer (Print or Type)	Signature	Date	
	anantik Properties, Inc.	Morra Takalonto	6-21-	-08
Νε	nme of Signer (Print or Type)	Title of Signer (Print or Type)		
Do	nna Mihalovits	CEO - Kanantik Properties, Inc.		

**5**.

 $\mathbb{END}$ 

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)